

# Consultant in General Adult Psychiatry

Swindon Intensive Support Team  
Sandalwood Court, Swindon  
10 PAs  
RVN648-RS



Endorsed on behalf of the Royal  
College

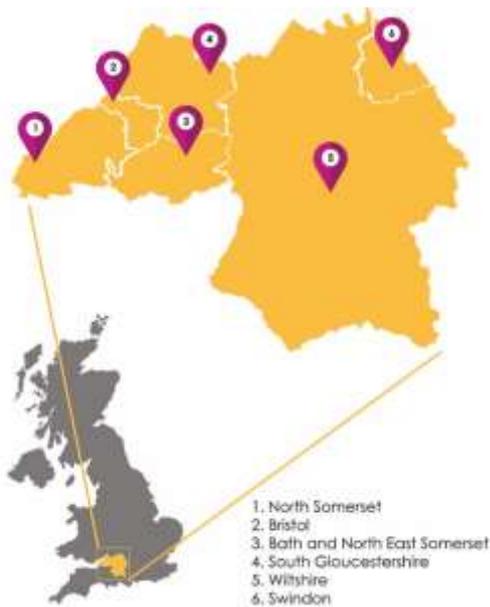
SWD PEN-CO-STH-2022-00090 (Approved)



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# 1. Introduction



Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provides inpatient and community-based mental health care for people living in Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. We also provide specialist services extending throughout the south west.

We employ over 5,000 dedicated members of staff who deliver services from more than 90 locations, working in approximately 150 teams across a geographical region of 2,200 miles, for a population of approximately 1.8million people.

We are passionate about promoting good mental health and wellbeing. We strive to use the expertise

and resources within our organisation, and through our partnerships, to deliver high quality services that are safe and focused on people's recovery. Our staff are pivotal in everything we do and we are committed to involving them fully in the development of the Trust and our services.

## 2. Trust Details

AWP is a partner in two Integrated Care Systems (ICSs). We work closely with our partners across the Bristol, North Somerset and South Gloucestershire ICS and the Bath and North East Somerset, Swindon and Wiltshire ICS to meet the health and care needs of the local populations.

The organisations that make up an ICS – including commissioners, local authorities, hospitals and community services – take collective responsibility for managing resources, delivering care and improving the health of the population.

AWP operates under 3 divisions mirroring the ICSs areas:

- West Division: Bristol, North Somerset and South Gloucestershire
- East Division: B&NES, Swindon and Wiltshire
- Specialised, Secure and CAMHS Division

AWP provides a wide range of services which include:

- Adult acute inpatient services
- Adult recovery services
- Complete intervention
- Early intervention in psychosis
- Later life inpatient services
- Primary care liaison services
- Learning disabilities services
- Low secure services
- CARS – liaison and diversion
- Pathfinder service
- Veterans mental health service
- Community drug and alcohol
- Criminal justice services
- Deaf mental health service
- ADHD services
- CAMHS

- Medium secure services
- Mother and baby unit
- Autism spectrum services
- Personality disorders service
- Traumatic stress service
- Care home liaison services
- Eating disorder services
- Anxiety services
- Memory services
- Street triage services
- Health based place of safety
- Therapy services
- Electro-convulsive therapy
- IAPT services

## Our Purpose and our values

We are committed to improving the lives of the people we serve with compassion, respect and dignity. Our purpose can only be fulfilled by staying true to our core values which underpin everything we do; they guide our behaviours and can be seen in every interaction we have with patients, staff and stakeholders. We refer to our values as PRIDE:

P	Passion	Doing our best, all of the time
R	Respect	listening, understanding and valuing what service users and carers, staff and stakeholders tell us
I	Integrity	Being open, honest, straightforward and reliable
D	Diversity	Relating to everyone as an individual
E	Excellence	Striving to provide the highest quality support to service users and their families

## Our Strategy and objectives

We are currently developing a five year strategy to reflect the changing needs and strengths within our local populations.

Our strategy has four key objectives:



### Provide outstanding care

We will continually improve and provide high quality, safe care to help people achieve the outcomes that are important to them.



### Develop outstanding people

We will make AWP a great place to work and learn, providing an environment where a skilled, positive and motivated workforce can provide outstanding care.



### Provide sustainable services

We will ensure services are properly resourced to meet rising demand and acuity, and capitalise on opportunity for innovation.



### Delivered in partnership

We will deliver care as a joint endeavour with patients/service users, family, friends and carers, including the voluntary sector.

## Key working relationships and lines of responsibility

Medical Director:	Dr Sarah Constantine
Deputy Medical Director:	Dr Pete Wood
Divisional Medical Director:	Dr Angelika Luehrs
Medical Lead:	Dr Ramesh Sivasubramanyam
Clinical Director:	Saranna Burgess
Associate Director of Operations:	Alex Luke
Clinical Lead:	Daniel Mercier
Operational Manager:	Sarah McAuley
Chief Operating Officer:	Matthew Page
Chief Executive:	Dominic Hardisty

## 3. Service Details

Within AWP the Adult Intensive Services offer rapid assessment and treatment for people who are experiencing a mental health emergency. There are Intensive teams across AWP's footprint. In Bristol, the Intensive Service is known as Bristol Crisis.

Each team provides proactive and intensive support to avoid the symptoms of a mental health emergency getting worse. The aim of the service is to offer treatment and care in an individual's own home as an alternative to hospital admission.

The Intensive teams accept referrals from healthcare professions, including GP's and mental health providers, and self-referrals.

## 4. The post and local working arrangements

<b>Post and specialty:</b>	Consultant Psychiatrist in General Adult Psychiatry
<b>Base:</b>	Sandalwood Court, Highworth Road, Stratton St Margaret, Swindon, SN3 4WF
<b>Total Number of PAs:</b>	10 PAs per week
<b>Accountable professionally to:</b>	Medical Director
<b>Accountable operationally to:</b>	Medical Lead

We are seeking a Consultant Psychiatrist to join the Intensive Service team in Swindon. This post has arisen due to the current incumbent relocating.

The Intensive service is available 24 hours a day, 365 days a year. It provides expert assessment to individuals experiencing mental health crisis. Following an assessment, the team will work with the

individual to agree a plan of care and will immediately provide intensive treatment in their home, in order to reduce their distress and promote recovery. If the Intensive team consider a period of dedicated treatment in one of our specialist hospitals is the best care option, the team will ensure smooth transfer to hospital and support the individual on their return to home following discharge from hospital.

The service is therefore a gate keeping and discharge agent for the inpatient services. Newer aspect of the service still in development are leading the complex case hearings, assisting the general hospital with those who frequent the establishment due to mental health difficulties, mental health promotion and guiding GPs on issues regarding risk, if he or she is concerned.

### **The team comprises of:**

Consultant	1.0 wte (this post)
Team Manager and band 7 Nurse	2.0 wte
Band 6 Specialist	9.0 wte
Social Workers	1.0 wte
Psychologist	0.5 wte
Band 4 Mental Health Workers	9.0 wte
Band 3 Support Worker	1.0 wte
Administrators	2.0 wte

**The post is supported by** a Core trainee under direct supervision of the post holder.

### **Referral Sources:**

The Intensive service receive referrals from a variety of sources. These include referrals of adults over 18 years of age directly from Primary Care Liaison (PCLS), the Recovery Teams and the Hospital Liaison Service and the Liaison and Diversion Service (LADS). In addition, the Intensive Service also see patients discharge from the In-patient ward for a period of two weeks before care is handed over to the Recovery Team. Currently the Intensive Services does not offer support for people suffering with a dementing disorder.

All referrals are prioritised by the shift coordinator. Referrals are then assessed as either emergency assessments or urgent ones. Emergency assessments are assessed within four hours of the receipt of the referral. Urgent ones are assessed within 24 hours of receipt of the referral.

The post holder will provide routine and urgent clinical care for patients referred to the team. Patients are seen at different locations, including the team based and in the community. On average, the post holder will be seeing two to three patients on a daily basis. They are expected to make comprehensive diagnostic formulations, assess risk and make appropriate management plans. The post holder will also be responsible for supervising team members and advising them in implementing appropriate management plans.

### **Team referral rate:**

The number of referrals to the team varies, but is usually, between 2-3 per day (approx. 20 per week).

## The team's case load

The average caseload of the team is about 25-30 patients and the length of stay of patients in the team is about three weeks.

Given the service is 24 hour seven days a week service, no individual member of the team carries a caseload. The post holder thus does not have a designated caseload. The post holder is expected to liaise with the In-patient unit, the liaison service and recovery services to facilitate smooth transfer of care between teams.

Broadly patients seen by the Intensive Service fall into the following groups.

### Patients needing wraparound care:

These patients are taken for short-term support usually at the request of Recovery service when care coordinator needs extra short-term support for their patients such as over the weekend or slightly longer. Medication adjustments/reviews are normally not needed during these short periods and simple prn prescription can be considered if necessary such as for short-term management of insomnia, anxiety.

### Patients needing home treatment:

These patients are typically treated under SIS due to high need or elevated risk. The team typically take over all of their treatment including medication management. These patients come both from primary and secondary care.

### Patients in an emotional crisis:

These patients typically often present with short-term difficulties adjusting to psycho- social stressors and present with elevated risk. Substance misuse issues are often co-morbid or indeed even the primary problem. They often need short-term support and psychotropic medication.

### Patients having a Facilitated Early Discharge:

These patients have a clear care plan but are not necessarily stable for their care to be handed over to the recovery service. Such patients are followed up by the intensive services for a period of up to 2 weeks.

In addition, the post holder is expected to facilitate community initiation of patients needing a trial with clozapine if of course the same can be managed safely in the community.

The trust is currently piloting a new project called the **Acute Community Unit Project (ACU) in the locality**. The ACU offers support to patients in a mental health crisis as an alternative to in- patient admission.

It is currently a nine to five service offering a variety of therapeutic activities, psychoeducation and support to patients where the only other alternative is in- patient admission. It offers access to mindfulness sessions, active life (The onsite gym) art craft psychological support and practical advice concerning finances, housing and medication management. This is a ten-bedded unit with a small-dedicated team including recovery workers, specialist nurse, nurse prescriber and an occupational therapist.

The post holder may wish to negotiate separately providing medical oversight to the ACU. A mindfulness café is being proposed to provide support to service users between the hours of five in the evening and one in the morning. It will be staffed by third sector services and some staff input from the intensive services.

## 5. Clinical duties

- The Consultant will deliver direct interventions to service users at a level of intensity according to need including those service users who require an assertive approach who are difficult to engage. This will include on-going assessment, diagnoses (including review and clarification) and treatment of mental and physical health needs.
- The Consultant will supervise the medical team that provides medical care and act as Approved Clinician for service users in collaboration with other teams and Consultants.
- They will be responsible for the mental health care of service users in line with new ways of working, monitoring and evaluating service delivery and care through regular reviews.
- The post holder is expected to collaboratively work with the inpatient teams to provide dedicated lead Consultant input to acute care services coordination, by meeting the needs of service users and enabling timely access to inpatient services, or recovery services, ensuring the CPA planning and aftercare arrangements are in place.
- The post holder will participate in gate keeping, attend MHA assessments where appropriate, and facilitating CTO discussions.
- The post holder has a duty to collaborate with key personnel to ensure the smooth transition through any changes in the care pathway.
- The Consultant will take medical responsibility for the patients on the team's caseload; this will include the initial stage of care for patients who are stepping down from the inpatient services (Facilitated Enhance Discharge – FED). The medical responsibility for the care of patients who are already under care of other community Consultants would remain with their community Consultant during their time with the intensive team. Any changes in the treatment plan for such patients will be made in close collaboration with the community Consultants.
- The Consultant is expected to contribute to the development of acute care services in line with best practice and nationally accredited standards.
- The post holder is expected to see 10-15 patients per week; this includes 2-3 urgent assessments. The assessments are expected to be undertaken in the team base (50%) and in the community (50%)
- No lone working in the community is expected of the Consultant, but some lone working in the team base is expected.
- The post holder is expected to understand and participate in the maintenance, monitoring and evaluation of service specific performance indicators and quality standards.

## 6. General duties

- To manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures.

- To ensure that junior medical staff working with the post holder operate within the parameters of the New Junior Doctor Contract 2016 and are Working Time Directive compliant.
- To undertake the administrative duties associated with the care of patients.
- To undertake administrative duties associated with the running of his/her clinical work.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council and to abide by professional codes of conduct.
- To participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- To work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

## 7. Continued professional development (CPD)

The Trust is committed to training and development as it is recognised that trained and motivated staff are crucial to our success. Whether we are inducting new employees to the Trust or meeting new challenges we recognise the importance of training and continuous professional development.

There are a wide range of training opportunities offered by the Training Department, as well as local and Trustwide academic meetings. The Trust expects consultants within local services and specialities to meet in Personal Development Plan (PDP) groups that comply with Royal College or psychiatry guidelines, in order to develop their own PDPs and keep them up to date, and it provides the time for this within Supporting Professional Activity time. The post holder will be expected to maintain good standing with respect to CPD in accordance with the Royal College of Psychiatrists guidelines. The Medical Education team hold details of PDP groups, and can support new staff in finding a suitable consultant group.

Peer supervision will also take place at regular local peer group meetings. The post holder will be expected to join a local peer group.

The post holder is entitled to study leave in accordance with the Medical and Dental Terms and Conditions of Service which is 30 study days over 3 years. Within AWP, this allowance is normally averaged out as 10 days per year. AWP also offers a study leave budget of £1,500 in a period of 3 years, normally averaged out as £500 per year. Individuals may request to use a greater proportion of their triennial entitlement of leave and budget within a single year, following discussion with their Medical Lead.

## 8. Clinical leadership and medical management

The responsibility for all medical staff within the Trust lies with the Medical Director, Dr Sarah Constantine. She is supported by Dr Pete Wood, Deputy Medical Director for Professional Standards and Dr Suchitra Sabari Girivasan, Deputy Medical Director for Clinical Effectiveness.

Each Directorate is led by a Clinical Director and an Associate Director of Operations. Operational accountability for the post holder lies with the Medical Lead, who has line management responsibility, and the Operational Manager for the service.

The post-holder will be encouraged and supported in developing the appropriate management and leadership skills to fully participate in service developments.

The post-holder will be expected to provide clinical leadership to the multi-disciplinary team and will be encouraged to contribute to other relevant management activities within the Directorate and within AWP.

The post-holder will be expected to attend the Trust's Medical Advisory Group (TMAG), which meets quarterly and includes all medical staff within AWP. This meeting provides a dual function of both education and information sharing. It enable consultants to extend professional advice to the Executive team and for the Executives to consult and inform medical staff of key Trust business.

## 9. Leadership development programme

The leadership development programme is designed for recently appointed Consultants in AWP to help them understand how their leadership behaviours affect the culture in which they work, and to learn more about themselves as leaders. The programme is one year long and consists of a workshop every 2 months, progressing to masterclasses. It concentrates on 3 core areas:

*Self as Leader*

*Leading teams*

*Leading change and transition*

The programme is run by the Advanced Coaching Academy who have extensive experience of working with the NHS, have been in senior leadership positions themselves, and currently run the Managers Toolkit and coaching training in AWP. The programme includes an individual coaching session at the end of the first module focussing on yourself as a leader.

At the end of the first year of the leadership development programme there will be a series of masterclasses to choose from including:

*Influencing skills for leaders*

*How leaders effectively manage conflict*

*Inclusive leadership*

*Authentic leadership with integrity*

Medical Leads provide individual supervision for Consultants, which is more frequent for newly appointed Consultants to support the transition to being a Consultant in AWP.

## 10. Mentoring

AWP has a mentorship scheme available for newly appointed consultants. The post holder is invited to take up a mentor within our Trust, and upon appointment, the new consultant is invited to contact the Director of Medical Education who will link them in with our database of mentors. Dr Sarah Price is the lead for the mentorship scheme, and she can also be approached for guidance and advice by newly appointed medical staff.

The Trust strongly supports mentorship for newly appointed consultants and the time required for mentorship will be available within the job description and job plan. All consultants are expected to be an active member of a CPD group meeting, Royal College of Psychiatry standards.

## 11. Appraisal and revalidation

All Consultants within the Trust participate in a formal appraisal process and attend an appraisal meeting on an annual basis either with the Medical Lead or an approved Trust appraiser. This is in line with our medical appraisal policy and the good medical practice and guidance from the General Medical Council in preparation for revalidation. The appraisal lead for the Trust and the Medical Education Department hold a list of recognised appraisers within the Trust.

The appraisal process requires all Consultants to use Edgumbe 360 and to provide an on-going portfolio of supporting evidence which conforms to national, General Medical Council and Royal College standards and guidance.

Appraisals link to the job planning process in line with all Trust medical staff. Sufficient support and time will be allocated in the timetable to allow full participation in the Trust's appraisal process (through allocation of SPA) and the necessary CPD and study leave activity that relates to the appraisal development plan will be supported.

In addition all medical staff must also comply with the Trust policies in relation to the process of Revalidation by the GMC. The Responsible Officer for the Trust is Dr Sarah Constantine, Medical Director.

The Trust uses PReP (Premier IT Revalidation e-Portfolio) to organise the appraisal process and facilitate revalidation recommendations by the Responsible Officer. All medical staff will be required to use PReP.

## 12. Job planning

Job planning is undertaken in conformity with the terms and conditions of the new consultant contract. Job planning meetings take place annually between May June and July with a clinical manager, together with a general manager if this is agreed by the consultant. Part of the job

planning process will include local delivery unit (LDU) objectives that are based on the Trust's annual objectives. A group meeting with all the consultants in the LDU may take place to discuss these local objectives prior to individual job planning meetings. Job plans are reviewed within 6-9 months.

The job planning process links to appraisals. Each consultant is provided with a line manager and will have a minimum of a yearly job plan review. Should there be a proposed change in the workload, a timely job plan review will be offered to support safe working and identify the need for any additional support.

Job plans are submitted electronically using PReP (Premier IT Revalidation e-Portfolio) the same software that manages the appraisal process. The Trust does not expect consultants to opt out of the Working Time Directive.

## 13. Teaching and training

All medical staff are expected to be accredited as clinical supervisors, and as an education supervisor if directly responsible for a trainee. The post-holder will be expected to undertake the supervision and training of junior and middle grade doctors, Specialist Registrars, multidisciplinary colleagues; where appropriate and medical students from Bristol Medical School and the University of Southampton.

As a junior doctor trainer the post holder will be responsible for their professional supervision and management. Where appropriate, the postholder will be named in the educational contract of junior staff as the person responsible for overseeing their training. The post holder will be expected to be involved and contribute to the regular teaching programme for trainee medical staff and medical students.

The Director of Medical Education; Dr Joanna Whitson, is supported by 4 Associate DMEs, one Senior Teaching Fellow, 16 Undergraduate and Postgraduate Tutors and 7 FY Leads across the footprint of the Trust. The Trust has 51 Core Trainees, 37 Advanced Trainees, 35 FY1 and FY2 Doctors, and 18 Vocational Training Scheme posts for General Practice (GPVTS) across 9 training locations within the Trust.

## 14. Research

Research is an area of strength in AWP, with the primary source of income being the West of England Clinical Research Network delivering NIHR portfolio research. In recent years AWP has been nationally commended by NIHR for increasing our level of research activity, and supports circa 1,000-2,000 participants to take part in research each year.

The vision for research within AWP is to shape ourselves towards clinical excellence by conducting research that improves our services and makes a difference to service users, carers and staff. Whilst ensuring we provide as many opportunities for everyone to reduce health inequalities and provide evidence based services. The priority areas for research in AWP are; Research into clinical interventions that have the greatest impact on outcomes and advance services, visible leadership for research trust-wide, research being at the centre of all services, and linking with local, national and government priorities to make things better for service users, carers and staff.

AWP benefits from good collaboration with three local universities (Bristol, UWE and Bath) and is one of the major national centres for research into suicide prevention. Over recent years, AWP has worked with its partner universities and NHS trusts in the region to form Bristol Health Partners, a collaboration of NHS organisations, universities and councils. The Partners' mission is to generate significant health improvements in service delivery in Bristol by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education. AWP has good representation on all health integration teams (HITs) relevant to the Trust.

## 15. Mental Health Act and Responsible Clinician

The post holder would be expected to be approved as a Responsible Clinician and will be expected to renew this approval according to agreed procedures.

## 16. Administrative support and office accommodation

The consultant will have access to 1.0 WTE appropriately qualified administrative/secretarial support to enable them to effectively participate in all their roles and responsibilities, to manage their diaries and provide support for non-clinical activities. The named individual will be based at Sandalwood Court, Swindon.

The consultant will have a desk in a dedicated office with a phone, computer facilities, access to the internet and IT support.

The Consultant will have access to a private room with a phone and computer facilities for the purposes of seeing patients, carers and families where a confidential, safe and therapeutic environment is necessary. This room is also available for the purposes of supervision and speaking with colleagues about patients in a confidential environment. They will also have access to this private room in order to dictate letters and prepare reports, which usually contain confidential and sensitive information.

A mobile phone and a dedicated laptop will be provided to support mobile working.

## 17. Clinical governance and quality assurance

The Trust is committed to providing high quality, effective care and to this end has a Trust-wide Clinical Governance Committee and locality based Clinical Governance Committees.

It seeks to support Clinical audit and the development of clinical guidelines and protocols, care pathways and care packages based on best evidence. It seeks also to promote continuous education and monitoring of professional performance in order to promote the highest standards of practice.

The post holder will be expected to:

- Contribute to clinical governance and responsibility for setting and monitoring standards
- Participation in clinical audit, and/other local assurance processes.

- Participation in service/team evaluation and the planning of future service developments.

## 18. Quality improvement

- Leads and manages a team in a way that supports the development of a culture of continuous improvement and learning.
- Utilises a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology.
- Empowers the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- Promotes awareness and understanding of quality improvement, and shares learning and successes from quality improvement work.

## 19. External duties, roles and responsibilities

The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

## 20. Other duties

From time to time it may be necessary for the post holder to carry out such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any reasonable proposed changes that the Trust might make.

## 21. Work programme

It is envisaged that the post-holder will work 10 programmed activities over 5 days. Following appointment there will be a meeting at no later than three months with the clinical manager to review and revise the job plan and objectives of the post-holder. The overall split of programmed activities for a full time post is 7.5 to be devoted to direct clinical care and 2.5 to supporting professional activities ( as per the Royal College of Psychiatrists recommendations). The timetable is therefore indicative only. A formal job plan will be agreed between the post-holder and medical lead and service manager three months after commencing the post and at least annually thereafter.

## 22. On-call and cover arrangements

On-call is a service requirement of this post.

The Swindon and Wiltshire on-call rota is 1 in 25. The on-call work is category A and attracts a 3% supplement with 1 PA per week for extra work undertaken (predictable and unpredictable work) on-call. On-call rotas are subject to review.

Undertaking section 12 assessments is a requirement of on-call. Specialities covered when working on call include general adult psychiatry and old age psychiatry.

The two consultants in the recovery team cross cover one another for both annual and study leave.

Cover is agreed mutually in advance of each period of leave.

## 23. Wellbeing

### **Effective local occupational support**

As part of our Health and wellbeing program AWP work in partnership with People Asset Management (PAM OH) to provide our staff with a high quality occupational Health services. PAM OH are SEQOHS accredited (Safe, Effective, Quality, Occupational health Service) and provide a full range of OH services including new employee health assessments, access to a full workplace immunisation programs and manager referrals to support staff and managers during periods of ill health. Staff also have access to a 24/7 "sharps" telephone advice line, and a wealth of health and wellbeing information and resources via both the PAM OH website and the AWP health and wellbeing pages on ourspace.

As a mental health Trust AWP recognise the importance of supporting staff mental wellbeing, a free employee assistance program (EAP) provided by PAM assist gives staff access to 24/7 confidential counselling service, which can be accessed online, via the telephone or face to face, additionally we have our own in-house staff Traumatic stress service which can provide support to staff following a traumatic incident.

### **Proactive local organisational systems to support doctors' wellbeing following serious incidents**

AWP has a range of sources of psychological wellbeing support that would be available to doctor's following an incident. Following a serious incident a Staff Support Debrief Meeting can be requested for all staff involved and are facilitated by trained AWP staff. In addition, further wellbeing support is available through our Occupational Health service and psychological interventions for post-traumatic stress disorder are available from AWP's Traumatic Stress Service for staff.

### **Availability of local initiatives/resources that promote workforce wellbeing**

AWP has several ways to support the Health and Wellbeing of staff. There are policies that cover the approach to work life balance such as flexible working and retire and return the flexible approach to retirement. AWP also supports psychical wellbeing through schemes like the cycle to work scheme, our health and wellbeing booklet, vulnerable person's risk assessment and events like the Walking Challenge. Psychological wellbeing is also important and AWP has a range of interventions starting with wellbeing conversations with line manager to a pathway of interventions such as reflective practice, staff support debriefs and the AWP Traumatic Stress Service for staff. We have an active coaching network and doctors can take part in reciprocal mentoring. There is also peer group support and Balint groups for Consultant/SAS doctors. There are active Health and Wellbeing Groups in each area that you can connect in with and have your voice heard.

## 24. Contract agreement

The post will be covered by the terms and conditions of service for Hospital Medical and Dental staff (England and Wales) as amended from time to time. Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance.

## 25. Leave

Entitlement will be 32 days per annum for full time working, increasing to 34 days on completion of 7 years' service as a Consultant. In addition, there is entitlement to 8 Public/Bank Holidays. For consultants contracted to work less than 10 PAs per week, annual leave, including Public/Bank Holidays will be calculated pro rata.

## 26. Visiting arrangements

We would welcome the opportunity to meet with any interested candidates prior to the interviews or submission of an application. To discuss the post further or to arrange a visit to the hospital or community facilities please contact:

Dr Sivasubramanyam Ramesh, Medical Lead on 01793 715000 or Dr Shalini Kurup, Consultant Psychiatrist on 01793 836800.

Short listed applicants are encouraged to take the opportunity of discussing the post with the Chief Executive or Medical Director prior to interview.

<b>Dominic Hardisty</b>	<b>Dr Sarah Constantine</b>	<b>Dr Pete Wood</b>
Chief Executive	Medical Director	Deputy Medical Director
Tel: 01225 258241	Tel: 01225 258407	Tel: 01225 258407

## 27. Suggested timetable

Day	Time	Location	Activity	Category	No. of PAs
Monday	AM	Base	Team handover meeting Team caseload review Clinical Work	DCC	1
	PM	Base	Care Pathways meeting Audit	DCC SPA	0.5 0.5
Tuesday	AM	Base	Team handover meeting Team caseload review Junior Doctor Supervision	DCC	1
	PM	Base	Clinical work Admin	DCC	1
	AM	Base	Team handover meeting Team caseload review	DCC	1

<b>Wednesday</b>	PM	Base	Revalidation prep – CPD, peer supervision, journal club, mentoring	SPA	1
<b>Thursday</b>	AM	Base	Team handover meeting Team caseload review Clinical work	DCC	1
	PM	Base	CPD	SPA	1
<b>Friday</b>	AM	Base	Team handover meeting Team caseload review	DCC	1
	PM	Base	Clinical Work Admin	DCC	1

Programmed activity	No of PAs
Direct clinical care (DCC)	7.5
Supporting professional activities (SPA)	2.5
<b>Total Programmed Activities</b>	<b>10</b>
Unpredictable emergency on call work (APA payment)	1

## 28. Population and attractions of area

### Population

Swindon has a population of 233,400 according to the 2021 census, which is an 11.6% increase since the last Census in 2011. The Census showed a 28.6% increase in people aged 64 years and over, an 8% increase in those aged 15 – 64 years and a 12.4% increase in those aged 15 years and under. The Black and Minority Ethnic (BAME) groups make up 10.2% of the population.

It is estimated that approximately 2285 individuals are living with dementia in Swindon, with half of these being aged over 85 years. In Swindon, there are an estimated 16,900 females and 10,700 males with common mental health problems of a level likely to benefit from identification and possible intervention.

There is good supported accommodation in Swindon for service users and these are run by a number of private and voluntary agencies. There is a substantial and growing programme of daily activities provided by MIND in co-operation with the community and specialist teams. We also have an active service user's network who work with the Trust at all levels to ensure all services are user friendly and appropriate.

### Attractions of area



Swindon was originally a small market town, but with the arrival of the Great Western Railway in 1840 a new town was built. Swindon is rapidly developing and it has become a centre for commerce with car manufacture, financial services, microelectronics and the chemical industry.

Swindon is strategically located on the M4 corridor and therefore has good links with towns and cities over a wide area. There are good road and rail links with London and the busy town of Reading is less than 30 minutes by road. To the west is the thriving and vibrant city of Bristol with its many attractions and also Bath which is a World Heritage site. Both these cities have many cultural festivals as well as theatres, restaurants and a range of other leisure activities on offer. Surrounding all this is the beautiful and easily accessible countryside and villages of Wiltshire and the Cotswolds.

The beautiful rural countryside in Wiltshire makes it ideal for walking and other outdoor activities such as cycling and horse riding. There are 8,000 footpaths in the county encompassing short walks to long distance trails. There is wealth of things to do and places to visit near Swindon such as Lydiard Park, Barbury Castle, Uffington White Horse and World Heritage sites such as Stonehenge and Avebury. There is also Silbury Hill a prehistoric artificial chalk mound near to Avebury and Coate Water, a country park situated to the south east of central Swindon.

In Swindon you will discover some fantastic eateries offering a variety of cuisines. It also offers an extensive array of shopping experiences, both indoor and outdoor. It is full of attractions such as the Great Western Steam Museum, art galleries and the Wyvern Theatre and benefits from a thriving industry, low unemployment rates, affordable housing and excellent schooling.

Swindon also has a huge range of sports clubs from football, tennis, rugby, hockey, basketball, fencing and golf to name but a few. To find out more visit:

<https://www.visitswindon.org.uk/>

## 29. Person Specification

Criteria	Essential	Desirable	How assessed
<b>QUALIFICATIONS</b>	MB BS or equivalent medical qualification.	Relevant Higher Degree e.g MD,PHD,Msc or other additional clinical qualifications  MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists.  Additional clinical qualifications.	
<b>ELIGIBILITY</b>	Fully registered with the GMC with a licence to practise at the time of appointment.	CCT in General Adult Psychiatry	Application form Documentation

	<p>Included on the GMC Specialist Register OR within six months of gaining CCT.</p> <p>Approved clinician status OR able to achieve within 3 months of appointment</p>		
<b>EXPERIENCE</b>	<p>Experience of assessing and treating patients in a community and acute setting.</p> <p>Knowledge and evidence of participation in CPD.</p> <p>Evidence of effective multidisciplinary team involvement.</p>		Application form Interview
<b>PERSONAL SKILLS</b>	<p>To possess leadership skills and be able to work collaboratively in a multidisciplinary team.</p> <p>Ability to manage own time, workload and prioritise clinical work.</p> <p>Ability to appraise own performance as a Consultant.</p> <p>Able to demonstrate excellent communication skills, in order to effectively work with patients, carers and staff.</p> <p>Excellent written and oral communication skills Approachable and compassionate personality with good listening skills.</p>	<p>Evidence of specific achievements that demonstrate leadership skills Flexible and tolerant.</p> <p>Relaxed when dealing with teams under pressure. Motivational skills.</p>	Application Interview References Discussion Group
<b>CLINICAL SKILLS</b>	<p>Ability to assess and treat psychiatric problems in Adults of working age and to deal with crisis situations.</p>		Application Form Interview
<b>KNOWLEDGE</b>	<p>Understanding of the management skills required to function successfully as a Consultant.</p> <p>Awareness of current issues in mental health service provision, policy and legislation.</p> <p>An understanding of the importance of Clinical Governance in NHS organisations and importance in patient care.</p>	<p>Knowledge of alternatives to inpatient admission care approaches.</p> <p>Excellent knowledge of diverse range of interventions.</p>	Application Form Interview
<b>TEACHING</b>	<p>Commitment to and experience of undergraduate and postgraduate learning and teaching.</p> <p>Understand principles of teaching.</p>	<p>Experience as an Educational Supervisor for trainees.</p>	Application Form Interview

		Evidence of organisation of further teaching programmes in medical education or multi-professional education.	
<b>RESEARCH &amp; AUDIT</b>	<p>Experience or involvement in a research project and publication.</p> <p>Ability to supervise junior medical staff undertaking research projects.</p> <p>Experience of carrying out an audit project.</p>	<p>Ability to critically appraise published research.</p> <p>Published audit project.</p>	Application Form Interview
<b>MANAGEMENT</b>	<p>Able to manage priorities.</p> <p>Evidence of management/leadership skills training.</p> <p>Ability to manage risk.</p>	Previous management experience including that of other junior medical staff.	Application Form Interview
<b>APPRAISAL &amp; REVALIDATION</b>	Name and details of current Responsible Officer, where appropriate	Evidence of satisfactory completion of Appraisal within the last 12 months. Copy of Output of Appraisal (Form 4 or equivalent).	Post interview processes
<b>OTHER</b>	<p>Able to fulfil the duties of the post.</p> <p>Independently mobile and willing to travel.</p> <p>Satisfactory pre-employment checks</p>		Application/Interview/Post interview process

## 30. Key terms and benefits

Following is a summary of the main terms and conditions together with the benefits of joining Avon & Wiltshire Mental Health Partnership NHS Trust. Any formal offer of employment will be accompanied by a full statement of terms and conditions.

### Salary

The appointment is at Consultant grade with salary thresholds from £93,666 - £126,281 per annum for a full time post of 10 Programmed Activities (PAs). Part Time employees will receive payment pro rata to the above full time salary range. The starting point on the salary scale will depend on the date on which the doctor was first appointed as an NHS Consultant and may take account of other consultant level experience or factors, which have lengthened consultant training, in accordance with the Terms and Conditions – Consultants (England) 2003. This post is also subject to nationally determined terms and conditions of service. If candidates are in receipt of Discretionary Points or Clinical Excellence Awards these will be honoured.

### Sick Pay

Entitlements are outlined in paragraph 225 – 240 of the TCS.

## **Pension**

The NHS offers a superannuation scheme, which provides a variety of benefits based on service and final salary. Their pay will be subject to the deductions of contributions in accordance with the scheme's regulations. Membership of the scheme is via automatic enrolment, further details are available on appointment.

## **Equal Opportunity & Diversity**

Avon and Wiltshire Mental Health Partnership NHS Trust is committed to the fair treatment of all people, regardless of their sex, gender re-assignment, race, colour, ethnicity, ethnic or national origin, citizenship, religion, beliefs, disability, mental health needs, age, domestic circumstances, social class, sexual orientation, ex-offender status, political allegiance or trades union membership. The Trust requires all of its employees to treat all of its stakeholders including colleagues, service users, carers and their visitors with dignity and respect.

## **Flexible Working**

The Trust is committed to assisting employees to achieve a healthy work/life balance and will consider sympathetically requests for flexible working arrangements, taking into account the impact on colleagues and the service.

## **Maternity, Paternity and Special Leave**

AWP offers generous maternity leave, after qualifying service, with extended maternity pay together with up to a year's leave with the right to return to your role within the Trust. Paid Partner Leave of two weeks following the birth of a child is also available, as well as Additional Paternity Leave (APL) subject to eligibility. Special Leave is also available when staff are experiencing difficulties for compassionate, domestic, personal or family reasons.

## **Relocation Expenses**

The successful candidate *may* be eligible to apply for assistance with removal and associated expenses in accordance with the Trust's Relocation Policy.

## **Travel Expenses**

Travel expenses will be in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties.

## **Interview Expenses**

Second-class travelling expenses will be reimbursed to shortlisted candidates for costs associated with making a pre-interview visit. Subject to the prior agreement of the Trust, shortlisted candidates who make a second visit may be granted expenses on this occasion also. For candidates travelling from abroad, expenses are payable only from the point of entry into the UK.

## **Two Ticks Disability Symbol**

The Trust is committed to the employment and career development of disabled people. To demonstrate our commitment we use the Two Ticks Disability Symbol awarded by the Employment Service. We guarantee an interview to anyone with a disability who meets the minimum criteria for the post. You do not have to be registered disabled but consider yourself to have a disability.

## **Policies and Procedures**

Trust employees are expected to follow Trust policies, procedures and guidance as well as professional standards and guidelines.

## Confidentiality

Much of the work is of a confidential nature. This means that no discussion should take place about the care, needs, or activities of any service user, except in the clear interest of that service user or other members of staff. Staff are reminded that personal information concerning colleagues is also confidential.

## References

Candidates are required to submit the names and addresses of three referees, one of whom must be their current or most recent employer. Any offer of employment will be subject to the receipt of three satisfactory references.

## Occupational Health

Any offer of appointment will be subject to satisfactory medical clearance by an external Occupational Health provider. This is usually by health questionnaire, but may involve a medical examination.

## DBS Checks

The appointment will be subject to clearance from the Disclosure and Baring Service.

## Induction

The AWP central and local workplace induction programme will be offered on commencement with the Trust, the content will vary according to individual need. In addition to this all new consultants within the first two months of joining AWP will also be offered a bespoke induction with the Executives. This will be in the form of one to one meetings and will enable new consultants to gain a better understanding of AWP's aims and objectives, the boards approach to strategic leadership and how the board puts this strategy of into practice.

## Library services

Avon and Wiltshire Mental Health Partnership Trust (AWP) Library and Knowledge service (LKS) provides library and information services to all staff, students on placement, carers and partner organisations who support our service users across the AWP geographical area.

We support the provision of the highest quality mental health care through access to authoritative, high quality information and resources for clinical decision making, continuing professional development, study and research.

We offer book loans, e-book access, document supply, access to an extensive range of journals and databases, evidence and literature search services, current awareness services and training in digital skills. We also provide support for health and wellbeing, run reading groups and book clubs.

The majority of services are accessible online, whilst physical libraries are available at Callington Road Hospital, Green Lane Hospital Devizes and Fountain Way, Salisbury, offering computer access and quiet study space.